

NAME OF APPLICANT:	APPLICATION No.:

GENERAL LAND DEVELOPMENT ORDER APPLICATION

THIS GENERAL LAND DEVELOPMENT ORDER APPLICATION FORM MUST BE SUBMITTED AS PART OF ANY REQUEST TO UNDERTAKE THE LAND DEVELOPMENT ACTIVITIES LISTED BELOW. A SPECIFIC LAND DEVELOPMENT ORDER APPLICATION FORM MAY HAVE TO BE SUBMITTED IN CONJUNCTION WITH THIS FORM. OTHER SUBMITTAL ITEMS ARE INDICATED ON THE ACCOMPANYING INSTRUCTION PACKETS AND DEVELOPMENT BROCHURES. IT IS THE APPLICANT'S RESPONSIBILITY TO INSURE THAT APPLICATIONS ARE COMPLETE AND ACCURATE.

A.	DEVELOPMENT ORDER REQUESTED							
	PLAT REPLAT SITE DEVELOPMENT PLAN SITE PLAN MODIFICATION ZONING MAP AMENDMENT		SPECIAL EXCEPTION USE VARIANCE GRAND OPENING INFLATABLE SIGN FUTURE LAND USE MAP AMENDMENT OTHER					
Is this	S APPLICATION PART OF ANOTHER APPLICATION	ON?		YES		No		
lf so,	WHAT APPLICATION?							
В.	PROPERTY DESCRIPTION							
NEAREST CROSS STREETS:								
SITE A	DDRESS OR LOCATION:							
Prope	ERTY FOLIO NUMBER:							
LEGAL	DESCRIPTION ATTACHED		YES		No			
EXISTING IMPROVEMENTS:								
GROS	S ACRES:	NE	ET ACRES:					

GENERAL LAND DEVELOPMENT ORDER APPLICATION

DEVELOPMENT NAME:						
DEVELOPMENT NAME.						
PROPOSED DEVELOPMENT BY USE AND INTENSIT	Y:					
OFFICIAL ZONING DISTRICT MAP CLASSIFICATION:						
FUTURE LAND USE MAP SERIES DESIGNATION:						
DOES THIS DEVELOPMENT REQUIRE SIGNAGE?		YES		No		
EVIDENCE OF OWNERSHIP PROVIDED?		YES		No		
D. OWNER, APPLICANT AND OTHER INFORM	MATION					
OWNER NAME:						
OWNER STREET ADDRESS:						
CITY, STATE & ZIP CODE:						
TELEPHONE #:	#:					
ELECTRONIC MAIL ADDRESS:						
APPLICANT NAME:						
APPLICANT STREET ADDRESS:						
CITY, STATE & ZIP CODE:						
Work Phone #:						
FAX #:EMA	JL:					

CITY OF LAUDERHILL DEPARTMENT FORM NO. 2 PLANNING AND ZONING

GENERAL LAND DEVELOPMENT ORDER APPLICATION

OWNE	R AUTHORIZATION FOR	R APPLIC	ANT PROVIDED?		YES		No
BESIDI	ES THE APPLICANT, WI	HO ELSE	SHOULD BE PROVID	ED COPIES	OF WRITTEN	CORRE	SPONDENCE?
	OWNER ENGINEER		ARCHITECT OTHER (SPECIFY)		ATTORNEY		
Archi	TECT NAME:						
ARCHI	TECT STREET ADDRES	SS:					
CITY, S	STATE & ZIP CODE:						
Busin	ESS PHONE #:			Mobile Pi	HONE #:		
Fax#:			EMAIL:				
Engin	EER N AME:				· · · · · · · · · · · · · · · · · · ·		
Engin	EER STREET ADDRES	s:					
CITY,	STATE & ZIP CODE: _						
Busin	ESS PHONE #:			MOBILE F	PHONE #:		
Fax#:	,		EMAIL:				
Аттог	RNEY NAME:						
ATTOR	NEY STREET ADDRES	s:					
CITY,	STATE & ZIP CODE: _						
	ESS PHONE #:						
Fax#:			EMAIL:				

CITY OF LAUDERHILL DEPARTMENT FORM NO. 2 PLANNING AND ZONING

AFFIDAVIT

l,		, DO HE	REBY SWEAR OR
AFFIRM THAT ALL	OF THE INFORM	IATION IS TRUE AND CO	RRECT TO THE BEST OF
MY KNOWLEDGE.			
PRINT YOUR NAME: _			
SIGN YOUR NAME:			
Date:			
THE FOREGOING I	NSTRUMENT W	AS ACKNOWLEDGED BE	FORE ME THIS DAY
OF	, 20	, BY	, WHO IS
PERSONALLY KNO)WN TO ME OR \	VHO HAS PRODUCED _	
AS IDENTIFICATIO	N AND WHO DID	TAKE AN OATH.	
NOTARY PUBLIC		Sign:	
		PRINT:	
		STATE OF FLORIDA AT L	ARGE S EAL
		My Commission Expire	es: